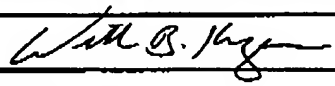


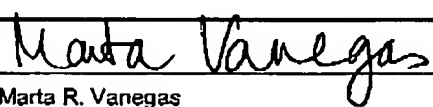
APR 18 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/615,810
	Filing Date	July 8, 2003
	First Named Inventor	Dankwardt, John W.
	Art Unit	1755
	Examiner Name	Brown, Jennine M.
	Attorney Docket Number	021153-001900US
Total Number of Pages In This Submission	2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William B. Kezer		
Date	April 18, 2005	Reg. No.	37,369

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on the date indicated below.			
Signature			
Typed or printed name	Marta R. Vanegas	Date	April 18, 2005

60470370 v1

PTO/SB/83 (09-04)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/615,810
Filing Date	July 8, 2003
First Named Inventor	Dankwardt, John W.
Art Unit	1755
Examiner Name	Brown, Jennine M.
Attorney Docket Number	021153-001900US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

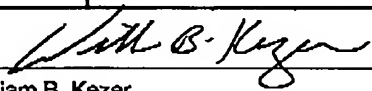
The reasons for this request are: At the request of Applicants.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Samuel B. Rollins		
Address	TransTech Pharma 4170 Mendenhall Oaks Parkway, Suite 110		
City	High Point	State	North Carolina
		Zip	27265
Country	United States of America		
Telephone	336-841-0300 ext. 100	Fax	336-841-0310
Signature			
Name	William B. Kezer	Registration No.	37,369
Date	April 18, 2005	Telephone No.	925-472-5000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

60470239 v1